

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY

2009 JAN 23 PM 4:11

COMMITTEE NAME (Must be same as on Statement of Organization)

Ameristar PAC

IMPORTANT: Indicate by # type of committee you are reporting for: 2
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Compute

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A October 15 - December 31, 2008 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount MUST be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

3,788.04

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

6,291.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

10,079.05

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

4,683.00

Schedule F: Loan Repayments total (Attach Schedule F)

5,391.05

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Ameristar PAC

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
10/16/08	ID# CK#	Matthew A. Block 2804 West 131st St., Leawood, KS 66209	N/A	\$ 105.00	<input type="checkbox"/>
10/16/08	ID# CK#	Bob Sobezyk 289 Doe Runn Cir., Henderson, NV 89012	N/A	105.00	<input type="checkbox"/>
10/16/08	ID# CK#	Ryan P. Sprague 8066 Twain Harte St., Las Vegas, NV 89139	N/A	70.00	<input type="checkbox"/>
10/16/08	ID# CK#	Troy A. Stremming 10820 W. 140th St., Overland Park, KS 66221	N/A	388.92	<input type="checkbox"/>
10/16/08	ID# CK#	Kimberly A. Alexander 602 Lake Forest Dr, Vicksburg, MS 39183	N/A	10.00	<input type="checkbox"/>
10/16/08	ID# CK#	Paul M. Burke 103 Annandale Dr., Vicksburg, MS 39183	N/A	20.00	<input type="checkbox"/>
10/16/08	ID# CK#	Adrian B. Caldwell 319 Concord Dr., Clinton, MS 39056	N/A	96.20	<input type="checkbox"/>
10/16/08	ID# CK#	Janet C. Gillespie 122 Laura Lake Rd., Vicksburg, MS 39180	N/A	10.00	<input type="checkbox"/>
10/16/08	ID# CK#	Annie L. Jenkins 109 Robin Hood Rd., Vicksburg, MS 39180	N/A	25.00	<input type="checkbox"/>
10/16/08	ID# CK#	Bryan A. Pratt 2740 Fox Rd., Vicksburg, MS 39180	N/A	10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 840.12	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5
(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Ameristar PAC

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
10/16/08	ID# CK#	Walter L. Pugh 108 Camden Dr, Vicksburg, MS 39183	N/A	\$ 15.00	<input type="checkbox"/>
10/16/08	ID# CK#	Jens Baake 53134 230th St., Glenwood, IA 51534	N/A	35.00	<input type="checkbox"/>
10/16/08	ID# CK#	Mark D. Black 850 S. 52nd St., Omaha, NE 68106	N/A	5.00	<input type="checkbox"/>
10/16/08	ID# CK#	Edward G. Allen 9014 N. Hull Ave, Kansas City, MO 64154	N/A	180.00	<input type="checkbox"/>
10/16/08	ID# CK#	Christine M. Cover 10204 N. Lewis Ave., Kansas City, MO 64157	N/A	60.00	<input type="checkbox"/>
10/16/08	ID# CK#	Gary D. Herman 3909 N.E. 59th Terr., Gladstone, MO 64119	N/A	5.00	<input type="checkbox"/>
10/16/08	ID# CK#	Barbara L. Koci 3701 Stonebridge Court, Topeka, KS 66610	N/A	120.00	<input type="checkbox"/>
10/16/08	ID# CK#	Greg L. Manthei 2650 Swift Ave. #103, North Kansas City, MO 64116-3181	N/A	120.00	<input type="checkbox"/>
10/16/08	ID# CK#	James R. Franke 12 Trail Ridge Court, St. Charles, MO 63301	N/A	300.00	<input type="checkbox"/>
10/16/08	ID# CK#	Reginald Fullwood 11930 Newton St., Westminster, CO 80031	N/A	403.90	<input type="checkbox"/>
SUB-TOTAL				\$ 1,243.90	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Ameristar PAC

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
10/16/08	ID# CK#	John M. Shober 12482 Home Farm Court, Westminster, CO 80234	N/A	\$ 140.00	<input type="checkbox"/>
12/29/08	ID# CK#	Matthew A. Block 2804 West 131st St., Leawood, KS	N/A	105.00	<input type="checkbox"/>
12/29/08	ID# CK#	Bob Sobezyk 289 Doe Runn Cir., Henderson, NV 89012	N/A	105.00	<input type="checkbox"/>
12/29/08	ID# CK#	Ryan P. Sprague 8066 Twain Harte St., Las Vegas, NV 89139	N/A	70.00	<input type="checkbox"/>
12/29/08	ID# CK#	Troy A. Stremming 10820 W. 140th St., Overland Park, KS 66221	N/A	388.84	<input type="checkbox"/>
12/29/08	ID# CK#	Kimberly A. Alexander 602 Lake Forest Dr., Vicksburg, MS 39183	N/A	70.00	<input type="checkbox"/>
12/29/08	ID# CK#	Paul M. Burke 103 Annandale Dr., Vicksburg, MS 39183	N/A	140.00	<input type="checkbox"/>
12/29/08	ID# CK#	Adrian B. Caldwell 319 Concord Dr., Clinton, MS 39056	N/A	673.40	<input type="checkbox"/>
12/29/08	ID# CK#	Janet C. Gillespie 122 Laura Lake Rd., Vicksburg, MS 39180	N/A	70.00	<input type="checkbox"/>
12/29/08	ID# CK#	Annie L. Jenkins 109 Robin Hood Rd., Vicksburg, MS 39180	N/A	175.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,937.24	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

Ameristar PAC

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/29/08	ID# CK#	Bryan A. Pratt 2740 Fox Rd., Vicksburg, MS 39180	N/A	\$ 70.00	<input type="checkbox"/>
12/29/08	ID# CK#	Walter L. Pugh 108 Camden Dr., Vicksburg, MS 39183	N/A	105.00	<input type="checkbox"/>
12/29/08	ID# CK#	Jens Baake 53134 230th St., Glenwood, IA 5134	N/A	35.00	<input type="checkbox"/>
12/29/08	ID# CK#	Brent E. Willits 820 Key Circle, Carter Lake, IA 51510	N/A	605.85	<input type="checkbox"/>
12/29/08	ID# CK#	Edward G. Allen 9014 N. Hull Ave., Kansas City, MO 64154	N/A	210.00	<input type="checkbox"/>
12/29/08	ID# CK#	Christine M. Cover 10204 N. Lewis Ave., Kansas City, MO 64157	N/A	70.00	<input type="checkbox"/>
12/29/08	ID# CK#	Barbara L. Koci 3701 Stonebridge Court, Topeka, KS 66610	N/A	140.00	<input type="checkbox"/>
12/29/08	ID# CK#	Greg L. Manthoi 2650 Swift Ave. #103, North Kansas City, MO 64116-3181	N/A	140.00	<input type="checkbox"/>
12/29/08	ID# CK#	James R. Franke 12 Trail Ridge Court, St. Charles, MO 63301	N/A	350.00	<input type="checkbox"/>
12/29/08	ID# CK#	Reginald Fullwood 11930 Newton St., Westminster, CO 80031	N/A	403.90	<input type="checkbox"/>
SUB-TOTAL				\$ 2,129.75	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Ameristar PAC

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12/29/08	ID# CK#	John M. Shober 12482 Home Farm Court, Westminster, CO 80234	N/A	\$140.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 140.00

TOTAL (If last page of this schedule)

\$ 6,291.01

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONEY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Ameristar PAC

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/20/08	ID# 1502 CK#2511	Hancock for Senate 3469 Locust Road Decorah, IA 52101	campaign contribution	\$ 500.00
10/20/08	ID# 1338 CK#2512	Danielson for Senate 3906 Monterey Dr., Waterloo, IA 50701-3527	campaign contribution	200.00
10/20/08	ID# 1702 CK# 2513	Sodders for State Senate Box 723, 202 5th Ave. SE State Center, IA 50247	campaign contribution	200.00
10/20/08	ID# 1243 CK#2514	Mark Zieman for Senate Comm. 284 Luana Road, Postville IA 52162	campaign contribution	500.00
10/20/08	ID# 1731 CK#2515	Reynolds for Senate 1010A Park Lane Osceola, IA 50213	campaign contribution	200.00
10/20/08	ID# 1665 CK#2516	Bailey for State House PO Box 64 Webster City, IA 50595	campaign contribution	200.00
10/20/08	ID# 1255 CK#2517	Brian Quirk for State Rep. 1011 Sunset New Hampton, IA 50659	campaign contribution	250.00
10/20/08	ID# 564 CK# 2518	Murphy for State Rep. 155 N. Grandview Ave. Dubuque, IA 52001-6325	campaign contribution	1,000.00
SUB-TOTAL				\$ 3050.00
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(j).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Ameristar PAC

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/20/08	ID# 1397 CK# 2519	Friends of Jim Lykam 2906 W. 35th St. Davenport, IA 52806	campaign contribution	\$ 200.00
10/20/08	ID# 1318 CK# 2520	Paulsen for State House Comm. P.O. Box 250 Hiawatha, IA 52233	campaign contribution	500.00
10/20/08	ID# 1400 CK# 2521	Upmeyer for House 2175 Pine Avenue Garner, IA 50438	campaign contribution	200.00
12/10/08	ID# CK# 2522	Senate Majority Fund 5661 Fleur Dr. Des Moines, IA 50321	event sponsor	500.00
12/18/08	ID# CK# 2523	Ritter for Governor PO Box 13648 Denver, CO 80201	campaign event	200.00
12/29/08	ID# CK# 2524	Post Master Council Bluffs Iowa	1 year rental of P.O. Box	38.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1,638.00
TOTAL (if last page of this schedule)				\$ 4,688.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(b).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Ameristar PAC

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SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/20/08	Ameristar Casino Council Bluffs, Inc. 2200 River Road Council Bluffs, IA 51501	parent entity	postage for 11 contributions sent	\$ 4.62	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 4.62	
TOTAL (if last page of this schedule)				\$ 4.62	

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Page 1 of 1
(for Schedule E)